

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>6372</b>	2. Fiscal Year Covered From  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Joseph Hayden  P.O. Box, Bldg., Room No., if any 2nd Floor  Street 1700 Broadway  City New York  State New York ZIP Code + 4 10019	4. Name, file number, and address of labor organization.  Name Transport Workers Union  Labor Organization File Number <b>000218</b>  P.O. Box, Building and Room Number, if any 2nd Floor  Street 1700 Broadway  City New York  State New York ZIP Code + 4 10019
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/11/2005

Date

212-259-4900

Telephone Number

Name of Person Filing Joseph Hayden		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Household Credit Card Services</p> <p>Trade Name, if any:</p> <p>P O. Box, Bldg., Room No., if any Suite 520</p> <p>Street 1401 Eye Street</p> <p>City Washington</p> <p>State Washington ZIP Code + 4 20005</p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>11.a. Nature of such dealing.</p> <p>Union Privilege program sponsor</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Attended business dinner with supervisor 3/24/04</p> <p>12.b. Amount. \$84</p>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13 a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name  Trade Name, if any:  P O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>          
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>          